Cardholder Statement of Account Verification Form

Cardholder: This form is mandatory. It is used for audit purposes and must be attached to each monthly SoA. Answer questions by placing an "X" in the appropriate column. Sign, date, and include this form with **each** SoA. Give the complete SoA package to your Approving Official for review and approval. After approval, copy complete package and retain for **3 years**. Forward all originals to Finance M/S 203-18.

Approving Official: Review and approve the SoA as appropriate. Return the entire package to the cardholder for distribution.

		YES	NO	N/A
1	Does the PR contain sufficient funds to cover all purchases made? (Check E-Z Report)			
2	Were all mandatory sources of supply checked before purchasing from the open market?			
3	Were safety-restricted items purchased only in accordance with a written authorization on file with the SEMA office? Did you check the Ames Chemical Exchange (ACE) before purchase? Did you use the correct object class and ensure that a current MSDS is on hand and co-located with the chemicals? Did you update the on line and local (hard copy) inventories?			
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4	Has Logistics been notified and is all controlled property decaled?			
5	Are all original receipts attached to the SoA? If lost or not available have you reproduced one to support the charge(s) that reflect on your SoA?			
6	Have you attached this form and your log sheet to your SoA?			

If necessary, please provide any explanations below to assist the Approving Official or Auditor

Explanation

I certify that all purchases were made in accordance with the purchase card rules and regulations are for official Government use only.					
Signa	ture of Cardholder	Date			

No.